

Providing high quality patient-centered primary
and reproductive health care.



To: Chairman Peterson and members of the committee

Testimony opposing HB544 "Negligent Screening Act"

Submitted by Anita Kuennen, RN – Executive Director for Blue Mountain Clinic

2/18/2011

House Bill 544 is another glaring attempt to depict medical care standards in abortion care facilities as not qualified to protect the health of Montana Women. The standards, guidelines and clinical textbooks referenced in the bill already are the basis of abortion care protocols at Blue Mountain Clinic and other providers in Montana, as we have testified to previously on multiple occasions where targeted regulations against abortion providers have been introduced.

Never has there been any legislative assessment of whether or not it is our clinic's practice to follow these standards or indeed to inquire what actually occurs when women access care at the clinic, which leads us to believe that this is one more inflammatory and rhetoric based approach to infer that women are not capable of making decisions about their own health care, and that abortion care providers are not capable of compassionate and client-centered care that includes options counseling, medical assessment and referrals for women who desire to continue their pregnancy after options counseling.

The NAF guidelines for quality abortion care explicitly address standards for patient education, counseling and informed consent. Blue Mountain Clinic is in full compliance and good standing in all areas of NAF standards as reviewed by the quality assurance auditors who perform in person inspections of all member clinics. The 2011 standards include:

- The clinician must ensure that accurate information is provided regarding the risks, benefits and possible complications of abortion;
- There must be documentation that the patient affirms that she understands the procedure, and its alternatives, the potential risks, benefits, and possible complications; that her decision is uncoerced; and that she is prepared to have an abortion;
- Each patient must have a private opportunity to discuss issues and concerns about her abortion;
- A patient must undergo the abortion as expeditiously as possible in accordance with good medical practice;
- Information about clinical procedures, aftercare and birth control must be available to patients at the facility; and
- All reasonable precautions must be taken to ensure the patient's confidentiality.

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As in all important medical decision making, the women seeking abortion are provided ample opportunity to explore their feelings regarding their desire to pursue an abortion. It is a keystone to our practice that for over 34 years we have always communicated all available information regarding risks and benefits, emotional responses and values clarification to assist women experiencing ambivalence or concerns about the procedure.

It is not our practice to force or coerce any woman who has expressed concern, trepidation or uncertainty to follow through on an abortion procedure, and there are many women who have been turned away over the years to allow them more time to consider their decision. As is the case in more complex medical cases where the physical exam by clinical professionals turns up something unexpected - twin pregnancy, fetal demise, farther gestation than expected, blighted ovum or numerous other potential findings, women are informed and all of their questions answered. In some cases, if they change their decision, women are always supported in any referrals, additional counseling, and encouraged to take time to finalize their decision.

We are not in the business of providing abortion care to anyone unwilling, uninformed or incapable of making independent decisions – all standards of medical practice and quality abortion care.

The precedent of instituting additional biased requirements targeted at abortion care providers is unnecessary, invalid, and a clear attempt to undermine our professional qualifications by elected officials who have no expertise in the mechanics of high quality abortion care. In addition, the vague negative projection that women experiencing *"inconvenience, loss of society or companionship, loss of consortium, injury to reputation, or humiliation associated with the abortion"* as a result of her abortion have recourse in civil action against abortion providers put this category of professionals at unfathomable risk and are way out of the scope of medical malpractice standards of liability.

There is nothing in this bill that would contribute to protecting Montana women's health and will only increase the burden of accessing and providing abortion care in a high quality client centered manner. I urge committee members to vote no on HB544

Respectfully submitted,

Anita Kuennen, on behalf of the Board of Directors and staff of Blue Mountain Clinic

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